

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

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COCHISE COUNTY  
BOARD OF SUPERVISORS  
2012 APR 11 AM 11:11

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

- ☒ Permanent change of area of service – List specific purpose for change: To utilize my area for special Events (ie: Charities, Weddings, Reunions) It's already fenced in also.
- ☐ Temporary change for date(s) of: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ List specific purpose for change: \_\_\_\_\_

1. Licensee's Name: Muller Crystal Belle  
Last First Middle
2. Mailing Address: 8827 E Nevada Dr Heretford AZ 85015  
City State Zip
3. Business Name: Western Tat Bar & Grill LICENSE #: 060A0056
4. Business Address: 5838 W Double Arrow Rd McKean Arizona AZ 85017  
City COUNTY State Zip
5. Business Phone: (520) 508-8736 Residence Phone: (520) 508-8736
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: ( )
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? \_\_\_/\_\_\_/\_\_\_
8. What security precautions will be taken to prevent liquor violations in the extended area? Fencing/Surveillance
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*\*\*\* After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, Crystal Muller, being first duly sworn upon oath, hereby depose, swear and declare, under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

State of Arizona County of Cochise  
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

9th April 2012  
Day Month Year

(Signature of NOTARY PUBLIC)

(Signature of Owner or Agent)



ARLETHE G. RIOS

NOTARY PUBLIC ARIZONA  
COCHISE COUNTY  
My Comm. Exp.: September 11, 2012

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Director Signature required for Disapprovals \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

2/8/2012

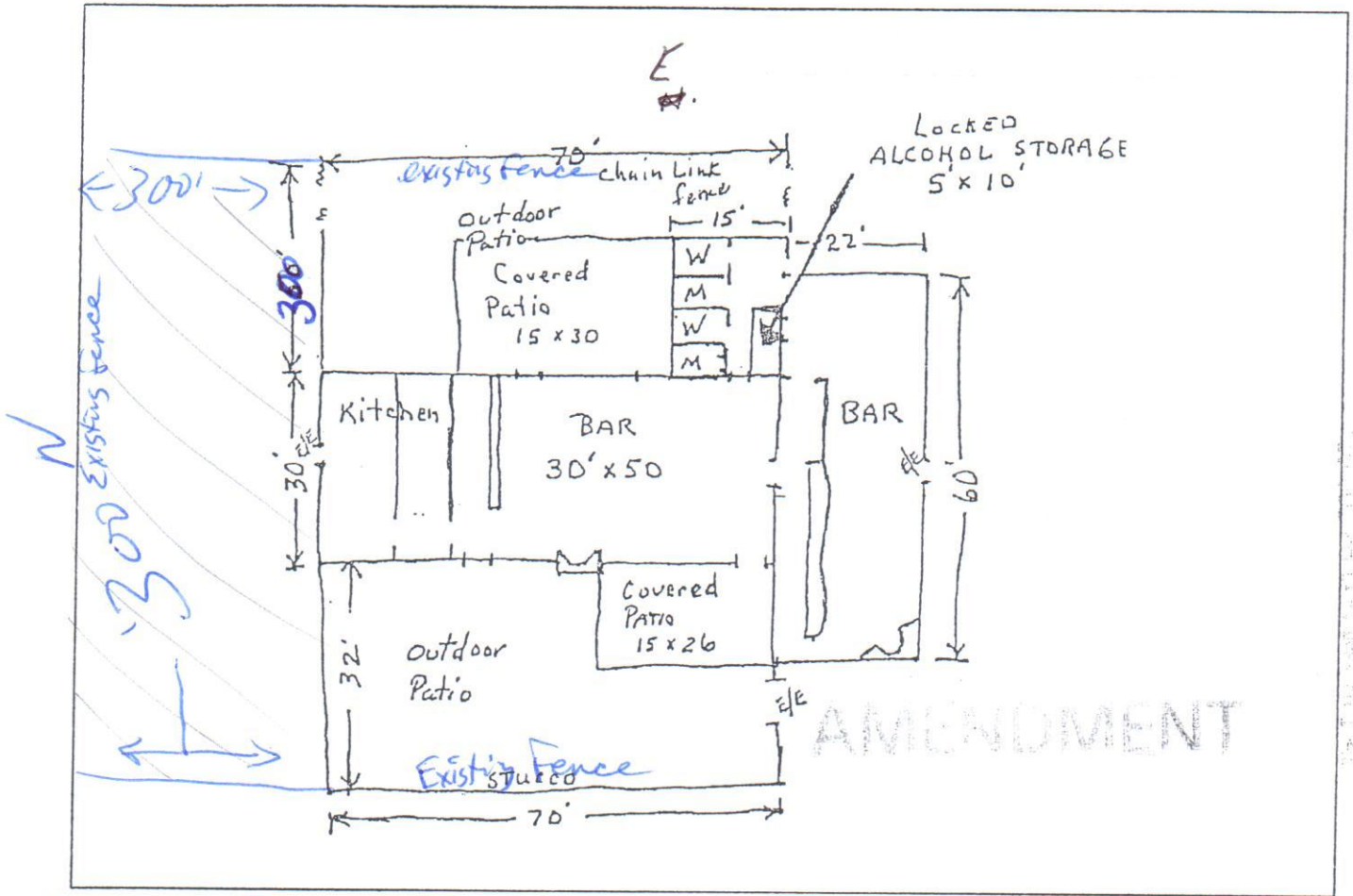
\*Disabled individuals requiring special accommodation, please call the Department (602) 542-9027.



**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liqu is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



**SECTION 16 Signature Block**

I, Crystal Belle Miller, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete

X *Crystal Belle Miller*  
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this

26th of July, 2010  
Day Month Year

*[Signature]*  
signature of NOTARY PUBLIC

My commission expires on : 04/May/2011  
Day Month Year

